| PATENT APPLICATION FEE DETERMINATION RECORD Effective December 8, 2004   |                                                  |                                                                                               |                                                                  |                                                  |                           |                                      |        |                     | Application or Docket Number |     |                          |                        |
|--------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------------------------------------------------------------|------------------------------------------------------------------|--------------------------------------------------|---------------------------|--------------------------------------|--------|---------------------|------------------------------|-----|--------------------------|------------------------|
|                                                                          |                                                  | CLAIMS A                                                                                      | AS FILED -                                                       |                                                  |                           | (Column 2)                           |        | SMALL ENI<br>TYPE   | TITY                         | OR  | OTHER<br>SMALL E         |                        |
| U.S                                                                      | . NATIONAL                                       | STAGE FEES                                                                                    |                                                                  |                                                  |                           |                                      |        | RATE                | FEE                          | ] · | RATE                     | FEE                    |
| BASIC FEE                                                                |                                                  |                                                                                               | SMALL ENT. = \$ 150                                              |                                                  | LAR                       | GE ENT. = \$ 300                     |        | BASIC FEE           |                              | OR  | BASIC FEE                | 2196                   |
| EXAMINATION FEE                                                          |                                                  |                                                                                               |                                                                  | Satisfies PCT Article 33(1)-<br>(4) = \$50/\$100 |                           | ther situations =<br>\$ 100 / \$ 200 |        | EXAM. FEE           |                              |     | EXAM. FEE                | 1110                   |
| SEARCH FEE                                                               |                                                  |                                                                                               | U.S. is ISA = \$50/\$100<br>ALL other countries =<br>\$200/\$400 |                                                  |                           | ther situations = \$ 250 / \$ 500    |        | SEARCH FEE          |                              |     | SEARCH FEE               | 450                    |
| FEE FOR EXTRA SPEC. PGS.                                                 |                                                  |                                                                                               | minus 100 =                                                      |                                                  |                           | / 50 <b>≐</b>                        |        | X \$ 125 =          |                              |     | X \$ 250 =               |                        |
| TOTAL CHARGEABLE CLAIMS                                                  |                                                  |                                                                                               | 20 min                                                           | าบร 20 =                                         |                           |                                      |        | X \$ 25 =           |                              | OR  | X \$ 50 =                |                        |
| INDEPENDENT CLAIMS                                                       |                                                  |                                                                                               | ~3 ·m                                                            | inus 3 =                                         | • ·                       |                                      |        | X \$ 100 =          |                              | OR  | X \$ 200 =               |                        |
| MUL                                                                      | TIPLE DEPEN                                      | DENT CLAIM PRE                                                                                | ESENT                                                            |                                                  |                           |                                      |        | + \$ 180 =          |                              | OR  | + \$ 360 =               |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2 |                                                  |                                                                                               |                                                                  |                                                  |                           | olumn 2                              |        | TOTAL               |                              | OR  | TOTAL                    | 100                    |
|                                                                          |                                                  | (Column 1)  CLAIMS REMAINING AFTER                                                            | HIGHEST NUMBER PRESENT                                           |                                                  |                           | 1                                    |        | SMALL E             | NTITY ADDI-                  | OR  | OTHER<br>SMALL E<br>RATE |                        |
| AMENDMENT A                                                              | <u> </u>                                         | AMENDMENT                                                                                     | ·                                                                | PAID                                             |                           | EXTRA                                |        |                     | FEE                          |     |                          | FEE                    |
|                                                                          | Total                                            | . 20                                                                                          | Minus                                                            | 7                                                | 0                         | 0                                    | ŀ      | X \$ 25 =           |                              | QR  | X \$ 50 =                |                        |
|                                                                          | independent                                      | • 3.                                                                                          | Minus                                                            | -3                                               |                           |                                      |        | X \$ 100 =          |                              | -OR | X\$-200 =                |                        |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM . |                                                                                               |                                                                  |                                                  |                           |                                      |        | + \$ 180 =          |                              | OR  | + \$ 360 =               |                        |
| •                                                                        |                                                  |                                                                                               |                                                                  |                                                  | •                         | ٠                                    |        | FEE                 |                              | OR  | FEE                      |                        |
|                                                                          |                                                  | (Column 1)                                                                                    |                                                                  | (Colum                                           | nn 2)                     | (Column 3)                           |        |                     |                              |     | •                        |                        |
| AMENDMENT B                                                              |                                                  | CLAIMS<br>REMAINING<br>· AFTER<br>AMENDMENT                                                   |                                                                  | . HIGHI<br>NUMI<br>PREVIO<br>PAID I              | BER<br>DUSLY              | PRESENT<br>EXTRA                     |        | RATE                | ADDI-<br>TIONAL<br>FEE       |     | RATE                     | ADDI-<br>TIONAL<br>FEE |
|                                                                          | Total                                            | •                                                                                             | Minus                                                            | **                                               |                           | ÷                                    |        | X \$ 25 =           |                              | OR  | X \$ 50 =                |                        |
|                                                                          | Independent                                      | •                                                                                             | Minus                                                            | ***                                              | ·                         |                                      |        | X \$ 100 =          |                              | OR  | X \$ 200 =               |                        |
|                                                                          | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                                                                                               |                                                                  |                                                  |                           |                                      | ſ      | + \$ 180 =          |                              | OR  | + \$ 360 =               |                        |
|                                                                          |                                                  |                                                                                               |                                                                  |                                                  |                           |                                      |        | TOTAL ADDIT.<br>FEE |                              | OR  | TOTAL ADDIT.<br>FEE      |                        |
| ***                                                                      | if the "Highest Nu<br>If the "Highest Nu         | imn 1 is less than the<br>imber Previously Pak<br>imber Previously Pak<br>nber Previously Pak | d For IN THIS SPA<br>d For IN THIS SPA                           | ACE Is less<br>ACE is less                       | s than '20<br>s than '3', | 0', enter "20".<br>, enter "3".      | in the |                     | la cobiena d                 |     |                          |                        |